AMENDMENTS TO THE CLAIMS:

- 1-15. (Canceled)
- 16. (Currently Amended) A method for treating at least one autoimmune condition promoted by an increase in IFN-γ and/or TNF-α levels in a human subject, said method comprising administering to said subject a therapeutically effective amount of at least one antagonist that binds with a the 40 kD subunit of IL-12, wherein said antagonist is chosen from at least one antibody immunoreactive with the 40 kD subunit and at least one antibody fragment immunoreactive with the 40 kD subunit.
 - 17. (Canceled)
- 18. (Previously Presented) The method of claim 16, wherein the antibody is a monoclonal antibody.
- 19. (Previously Presented) The method of claim 16, wherein the antibody is a polyclonal antibody.
- 20. (Previously Presented) The method of claim 16, wherein the 40 kD subunit is disulfide-bonded to the 35 kD subunit of IL-12.
- 21. (Previously Presented) The method of treating at least one autoimmune condition of claim 16, wherein the antagonist either
 - (a) blocks the formation of a heterodimer containing the 40 kD subunit; or
- (b) allows the formation of a heterodimer containing the 40 kD subunit, but blocks the activity of said heterodimer.
- 22. (Previously Presented) The method of claim 21, wherein the autoimmune condition is chosen from multiple sclerosis, systemic lupus erythematosus, rheumatoid

arthritis, autoimmune pulmonary inflammation, Guillain-Barre syndrome, autoimmune thyroiditis, insulin dependent diabetes mellitus, and autoimmune inflammatory eye disease.

- 23. (Previously Presented) The method of claim 21, wherein the autoimmune condition is insulin dependent diabetes mellitus.
- 24. (Previously Presented) The method of claim 21, wherein the autoimmune condition is systemic lupus erythematosus.
- 25. (Currently Amended) A method for treating at least one autoimmune condition promoted by an increase in IFN-γ and/or TNF-α levels in a human subject, said method comprising administering to said subject a therapeutically effective amount of at least one antagonist that binds with a the 35 kD subunit of IL-12, wherein said antagonist is chosen from at least one antibody immunoreactive with the 35 kD subunit and at least one antibody fragment immunoreactive with the 35 kD subunit.
 - 26. (Canceled)
- 27. (Previously Presented) The method of claim 25, wherein the antibody is a monoclonal antibody.
- 28. (Previously Presented) The method of claim 25, wherein the antibody is a polyclonal antibody.
- 29. (Previously Presented) The method of claim 25, wherein the 35 kD subunit is disulfide-bonded to the 40 kD subunit of IL-12.
- 30. (Previously Presented) The method for treating at least one autoimmune condition of claim 25, wherein the antagonist either
 - (a) blocks the formation of a heterodimer containing the 35 kD subunit; or

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- (b) allows the formation of a heterodimer containing the 35 kD subunit, but blocks the activity of said heterodimer.
- 31. (Previously Presented) The method of claim 30, wherein the autoimmune condition is chosen from multiple sclerosis, systemic lupus erythematosus, rheumatoid arthritis, autoimmune pulmonary inflammation, Guillain-Barre syndrome, autoimmune thyroiditis, insulin dependent diabetes mellitus, and autoimmune inflammatory eye disease.
- 32. (Previously Presented) The method of claim 30, wherein the autoimmune condition is insulin dependent diabetes mellitus.
- 33. (Previously Presented) The method of claim 30, wherein the autoimmune condition is systemic lupus erythematosus.